



**Billy Crook**  
Fire Chief

**CITY OF GALLATIN, TENNESSEE**  
Mayor Jo Ann Graves

**Don Bandy**  
Chief of Police

### City of Gallatin Alarm Registration

All residential or business alarm systems are required to be registered with the City of Gallatin. If you have a new alarm, a change in your alarm system, or need to update the emergency contact information, PLEASE COMPLETE this form and return it to the Gallatin City Recorder's office, 132 W Main St., Room 112. You may fax to (615) 451-5916 or email to [ALARMFORMS@GALLATIN-TN.GOV](mailto:ALARMFORMS@GALLATIN-TN.GOV). If you have questions regarding this form or the alarm registration, please contact Sonja Burton at 615-451-5893. Thank you for your cooperation.

**CHECK ONE:**

☐ New Alarm

☐ Change to Current Alarm

☐ No Change to Current Alarm

☐ No Alarm –Contact Information Only

Date: \_\_\_\_\_

**Residence/Business Information:**

Name of Residence/Business: \_\_\_\_\_

Address: \_\_\_\_\_

Registered Phone Number to Residence/Business: \_\_\_\_\_

Applicant's Cell Phone: \_\_\_\_\_ Applicant's Work Phone: \_\_\_\_\_

Applicant's Drivers License number: \_\_\_\_\_ Applicant's Email Address: \_\_\_\_\_

Homeowners Place of Employment: \_\_\_\_\_

Name of Subdivision/Business District: \_\_\_\_\_

Number of Residents: Adults \_\_\_\_\_ Children: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

**Alarm Information:** FIRE: \_\_\_\_\_ BURGLAR: \_\_\_\_\_ PANIC: \_\_\_\_\_ HOLD UP: \_\_\_\_\_ MEDICAL: \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Alarm Company Phone Number: \_\_\_\_\_

Location of Knox Box/Key Pad: \_\_\_\_\_

## Property Information:

Use of Property: Business: \_\_\_\_\_ Residence: \_\_\_\_\_ Other-please describe \_\_\_\_\_

Special Hazards: (i.e. animals inside/on property, chemicals, etc.)

\_\_\_\_\_

Any additional information for responding emergency personnel:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Emergency Contacts/After Business Hours Contacts:

**(Minimum of 2; List closest emergency contact response first)**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**For a Police Alarm Dispatch: (615) 452-1313**

**For a Fire Alarm Dispatch: (615) 452-3636**

**All Emergency Calls – Call 911**

## For Office Use Only:

Alarm Number: \_\_\_\_\_ Issued By: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Expired: \_\_\_\_\_